DEPARTMENT:	Health Management
SUBJECT:	Clinical Practice Guidelines
PRODUCT LINE:	All
POLICY NUMBER:	052
ORIGINAL POLICY EFFECTIVE DATE:	06/20/06
LAST REVISED DATE:	7/23/2025
LAST REVIEWED DATE:	7/21/2026

group health Cooperative of eau claire

KMTSJ, Inc.

SCOPE:

It is the policy of Group Health Cooperative of Eau Claire (GHC) to follow nationally recognized and evidence-based clinical practice guidelines when making utilization management decisions and medical necessity determinations and as a foundation for our disease management, case management, QI and wellness programs and initiatives. Clinical practice guidelines are reviewed at least annually.

POLICY:

All decisions for utilization management, member education, coverage of services and other areas to which the guidelines apply are consistent with our clinical practice guidelines.
GHC's clinical practice guidelines:

1. Are based on valid and reliable clinical evidence or a consensus of practitioners in the particular field
2. Consider the needs of members
3. Are adopted in consultation with network providers through the QI Committee
4. Are reviewed annually and updated as appropriate
5. Are posted on our website and disseminated to all providers through the Provider Handbook
6. Are provided upon request to members and potential members and are available on our website

PROCEDURE:

Clinical Practice Guidelines for Utilization Management

Group Health Cooperative's Health Management Department utilizes a number of resources for making clinical determinations and utilization management decisions. For procedures, services, durable medical equipment, and inpatient stays, Interqual criteria sets, CMS coverage determinations, Hayes Technologies, or other nationally recognized evidence based clinical practice guidelines such as but limited to NCCN [National Comprehensive Cancer Network], Up to Date, ACOG [American Congress of Obstetricians and Gynecologists], American College of Radiology, USPSTF, and the CDC [Centers for Disease Prevention and Control] are used to make medical determinations.

Group Health also develops policies & procedures in some circumstances to guide staff in making coverage determinations and utilization management decisions. Policies are reviewed by the CMO

on an annual basis after a review of current medical literature and nationally recognized evidence based clinical practice guidelines. In addition, the CMO, solicits feedback from affiliated providers in the pertinent specialty field. Health management staff monitor member needs and outcomes, which in turn may alert Health Management to review and update the related policy and procedure more frequently. The CMO may solicit a recommendation from a peer in the pertinent specialty field, not related to the case, to assist in the clinical determination of the requested service.

Clinical Practice Guidelines for Population Health Management Programs and QI Initiatives
National recognized evidenced based clinical practice guidelines and preventive health guidelines provide the foundation for all of our processes related to quality improvement, health promotion programs, and population health management and case management processes. These processes are reviewed through the QAPI committee and feedback is solicited from our network providers through this process as well as through our discussions with providers through the case management interventions and quality initiatives. Uncontrolled medical conditions are managed through the case management program and follow the clinical practice guidelines below. The guidelines are available on our website with links to the guideline.

Population Health Management Programs and QI Initiatives

Condition	Clinical Practice Guideline
Diabetes	American Diabetes Association (ADA)
Heart Failure	American College of Cardiology and American Heart Association (ACC/AHA)
Asthma	National Heart, Lung, and Blood Institute (NHLBI)
COPD	National Heart, Lung, and Blood Institute (NHLBI)
Anxiety	American Academy of Family Physicians (AAFP)
Depression	• American Psychiatric Association (APA) • Clinical Practice Guidelines for the Management of Depression- PMC (NIH)
Substance Use Disorder*	• American Psychiatric Association (APA) • Treating Tobacco Use and Dependence: PHS Clinical Practice Guideline from Agency for Healthcare Research and Quality (AHRQ) • Substance Abuse and Mental Health Services Administration (SAMHSA)
Hypertension*	Joint National Committee 8 (JNC 8)

Perinatal*	American Academy of Pediatrics and American College of Obstetrics and Gynecology (AAP/ACOG)
Wellness and Health Promotion	• US Department of Health and Human Services Office of Disease Prevention and Health Promotion • Centers for Disease Control and Prevention (CDC) • National Institute of Health (NIH)
Case Management	Case Management Society of America (CMSA)

*NCQA programs

Screening Children and Adults for Behavioral Health Needs

GHC assures that age appropriate, validated screening tools are used and conducted according to the periodicity schedule outlined by AAP/Bright Futures to identify behavioral health needs for members 0-18 years old in primary care settings in our network. The validated screening tools are outlined in the table below and are available on our website with links to the resource.

Behavioral Health Need	Screening Tool/Resources
General development	Bright Futures Toolkit/American Academy of Pediatrics
Autism	Autism Toolkit/American Academy of Pediatrics
Alcohol or Other Drug Use	See above
Tobacco Use and Dependance	Treating Tobacco Use and Dependence: PHS Clinical Practice Guideline from Agency for Healthcare Research and Quality (AHRQ)
Depression screening	See above
ADHD	ADHD Toolkit/American Academy of Pediatrics
Behavioral Health Referrals	Common Mental Health Problems: Identification and Pathways to Care Guideline from National Institute for Health and Care Excellence (NICE)

Compliance with clinical practice guidelines
GHC ensures providers are following national clinical practice guidelines through a number of ways:

a. Provider site visits: During site visits, clinical practice guidelines standards are reviewed.

b. HEDIS review process: HEDIS metrics are used to ensure that our providers are following national clinical practice standards. We monitor these quality metrics on a monthly basis and notify providers monthly on their members who are missing services. During HEDIS record review, we provide feedback to providers who are not following national clinical practice standards and work with them to improve their clinical processes. See Medical Record Review Policy for more details.

c. Adverse event reviews: During this process if clinical practice guideline standards are not being followed, we require a remediation plan from the provider to ensure that national standards will be followed in the future.

Distribution of clinical practice guidelines

The process used by GHC to make guidelines available to members and providers include the following:
a. GHC website: the website includes prior authorization guidelines, provider updates and notices, provider manuals for Medicaid, Medicare Advantage and commercial product lines, claims resources, claims forms, prior authorization resources and forms as well as clinical practice guidelines. The Medicaid, Medicare Advantage, and commercial member policy handbooks are also available and include information on covered services available to members.

b. Utilization Management Process: Through the utilization management process providers and members receive information related to relevant evidence based clinical practice guidelines. Medical necessity criteria (such as InterQual “smart sheets”, Hayes Technology reviews etc) is shared and discussed with the provider upon request via telephone or fax (or mailed if the provider does not have fax, email, or internet access). The information is not shared on the Group Health Cooperative website as it is proprietary, but we do have a statement on the website directing providers to call us for our criteria. In the event of any potential denial, the provider is contacted to request additional clinical information, discuss the specifics of the case as well as the evidence-based criteria that is recommended. If the physician has additional information it is added to the clinical record to assist in the determination and if criteria is met, it is approved. If criteria are not met, the case is reviewed with Group Health Cooperative of Eau Claire’s Chief Medical Officer and a final determination is made. Any denial information is shared with the member by letter with an explanation as to why the service was not approved and appeal rights information. During peer-to-peer discussions, the relevant guidelines are shared with the provider. Provider denial letters

include a statement to the treating practitioner how to contact us to discuss medical necessity denial reasons.

c. Grievance process: During the grievance meeting with the member, relevant clinical practice guidelines and medical necessity criteria are discussed with the member.

d. Member handbook: Members receive information on covered services as well as what types of services need prior authorization in the Group Health Cooperative of Eau Claire Medicaid, Medicare Advantage, and commercial member handbooks.

e. Member and Provider Services: Staff in this department will share clinical practice guidelines and medical necessity criteria with both members and providers when they call in with questions.

f. Case management staff

APPROVED: Michele Bauer MD DATE: 7/21/2026

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/22/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Mgr	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Re-formatted and added evidence based medical resources.
4/22/2016	Betsy Kelly, RN	Reviewed with no changes
3/08/2019	Michele Bauer, MD, CMO	Updated resources
4/28/2020	Michele Bauer, MD, CMO	Updated. No changes.
11/5/2020	Michele Bauer, MD, CMO	Updated to include process for determining compliance and distribution of guidelines.
11/5/2021	Michele Bauer, MD, CMO	Reviewed without changes.
6/13/2022	Michele Bauer, MD, CMO	Added guidelines for CM and screening children for behavioral health needs.
4/18/2023	Michele Bauer, MD, CMO	Reviewed. No changes.

4/18/2024	Michele Bauer, MD, CMO	Reviewed. No changes.
4/15/2025	Michele Bauer, MD, CMO	Added a policy section which outlines general processes.
7/23/2025	Michele Bauer, MD, CMO	Updated clinical practice guidelines used for PHM and QI programs.
7/21/2026	Michele Bauer, MD, CMO	Reviewed. No changes.